

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 847036

**Entity Name:** QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.

**Current Principal Place of Business:**

3 GIRALDA FARMS  
3RD FLOOR  
MADISON, NJ 07940

**Current Mailing Address:**

3 GIRALDA FARMS  
3RD FLOOR  
MADISON, NJ 07940 US

**FEI Number:** 38-2084239

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT/DIRECTOR  
Name            DOHERTY, CATHERINE T  
Address        3 GIRALDA FARMS, 3RD FLOOR  
City-State-Zip: MADISON NJ 07940

Title            VICE PRESIDENT  
Name            CALAMARI, STEPHEN A  
Address        3 GIRALDA FARMS, 3RD FLOOR  
City-State-Zip: MADISON NJ 07940

Title            TREASURER/VICE PRESIDENT  
Name            CINCO- ABELA, TERESA L  
Address        3 GIRALDA FARMS, 3RD FLOOR  
City-State-Zip: MADISON NJ 07940

Title            SECRETARY  
Name            O'SHAUGHNESSY, WILLIAM J JR.  
Address        3 GIRALDA FARMS, 3RD FLOOR  
City-State-Zip: MADISON NJ 07940

Title            DIRECTOR  
Name            SHORTEN, DERMOT V  
Address        3 GIRALDA FARMS  
                    3RD FLOOR  
City-State-Zip: MADISON NJ 07940

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** WILLIAM J. O'SHAUGHNESSY JR.

**SECRETARY**

**04/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date